

**District of Columbia****Illustration of Total Essential Health Benefits**

Grouped into the 10 categories of Essential Health Benefits required by the ACA

Benefit	Coverage Details	Source Plan
<b>1. Ambulatory Patient Services</b>		
a. Outpatient hospital facility services	Covered	Small Group- CareFirst BluePreferred Option 1
b. Ambulatory surgical facility services	Covered	Small Group- CareFirst BluePreferred Option 1
c. Professional medical services provided at care facility	Covered	Small Group- CareFirst BluePreferred Option 1
d. Professional surgical services provided at care facility	Covered	Small Group- CareFirst BluePreferred Option 1
e. Home health services	Limited to 90 visits up to 4 hours per episode of care	Small Group- CareFirst BluePreferred Option 1
<b>2. Emergency Coverage</b>		
a. Emergency room services (including voluntary HIV test performed while receiving emergency medical services at a hospital ER).	Covered	Small Group- CareFirst BluePreferred Option 1
b. Ambulance service	Covered	Small Group- CareFirst BluePreferred Option 1
<b>3. Hospitalization</b>		
a. Inpatient facility services (medical or surgical condition)	Covered	Small Group- CareFirst BluePreferred Option 1
b. Hospitalization for rehabilitation	Covered	Small Group- CareFirst BluePreferred Option 1
c. Inpatient professional medical services	Covered	Small Group- CareFirst BluePreferred Option 1
d. Inpatient professional surgical services	Covered	Small Group- CareFirst BluePreferred Option 1
e. Anesthesia services	Covered	Small Group- CareFirst BluePreferred Option 1
f. Hospice services	Limited to max 180 day hospice eligibility period	Small Group- CareFirst BluePreferred Option 1
<b>4. Maternity/Newborn Care</b>		
a. Pre-natal care	Covered	Small Group- CareFirst BluePreferred Option 1

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b. Post-natal care	Covered	Small Group- CareFirst BluePreferred Option 1
c. Labor and Delivery	Covered	Small Group- CareFirst BluePreferred Option 1
d. Inpatient Facility Services	Covered (48 hours following a vaginal delivery, 96 hours following a Cesarean section).	Small Group- CareFirst BluePreferred Option 1
e. Routine newborn care	Covered	Small Group- CareFirst BluePreferred Option 1
f. Postpartum home visits	Covered	Small Group- CareFirst BluePreferred Option 1
<b>5. Mental Health, Substance Use Disorders, Behavioral Health Treatment</b>		
a. Mental health outpatient services	Visits 1-40: 25% of allowed benefit. Visits 40+: 40% of allowed benefit.	Small Group- CareFirst BluePreferred Option 1
b. Substance abuse outpatient services	Visits 1-40: 25% of allowed benefit. Visits 40+: 40% of allowed benefit.	Small Group- CareFirst BluePreferred Option 1
c. Medication management office visits	Covered	Small Group- CareFirst BluePreferred Option 1
d. Inpatient mental health facility services	Limited to 60 days per benefit period	Small Group- CareFirst BluePreferred Option 1
e. Inpatient substance abuse facility services	Limited to 60 days per benefit period	Small Group- CareFirst BluePreferred Option 1
f. Detoxification	Limited to 12 visits (inpatient or outpatient) per benefit period	Small Group- CareFirst BluePreferred Option 1
g. Partial hospitalization	Covered	Small Group- CareFirst BluePreferred Option 1
<b>6. Prescription Drugs</b>		
a. Preferred preventative drugs	Covered	Small Group- CareFirst BluePreferred Option 1
b. Generic Drug	Covered	Small Group- CareFirst BluePreferred Option 1
c. Preferred brand name drug	Covered	Small Group- CareFirst BluePreferred Option 1
d. Non-preferred brand name drug	Covered	Small Group- CareFirst BluePreferred Option 1
e. Diabetic supplies	Covered	Small Group- CareFirst BluePreferred Option 1

Benefit	Coverage Details	Source Plan
f. Oral chemotherapy drugs	Covered	Small Group- CareFirst BluePreferred Option 1
g. Injectable, self-administered medications	For each (34) day supply of covered injectable meds that are self-administered, except for insulin, the Member will be required to pay 50e% of Allowed Benefit up to a Member maximum Copay of \$75 per covered injectable medication. For up to (90) day supply of self-administered, injectable Maintenance Drugs, except for insulin, the Member will be required to pay 50% of the Allowed Benefit up to a Member maximum payment of \$150.	Small Group- CareFirst BluePreferred Option 1
h. Prescription drugs (general)	For Prescription Drugs purchased in a Pharmacy or purchased through the mail order program, there is one Copayment due for each thirty-four (34) day supply.	Small Group- CareFirst BluePreferred Option 1
i. Maintenance drugs (general)	For Maintenance Drugs, a Member may receive up to a ninety (90) day supply provided the Member pays one Copayment for the first thirty-four (34) day supply and a second Copayment for a supply of thirty-five (35) days or more.	Small Group- CareFirst BluePreferred Option 1
j. Contraception	Covered	Small Group- CareFirst BluePreferred Option 1
<b>7. Rehabilitative &amp; Habilitative Services and Devices</b>		
a. Rehabilitation Services	Occupational therapy, physical therapy, speech therapy	Small Group- CareFirst BluePreferred Option 1
b. Spinal manipulation services	Limited to Members who are twelve years or age older	Small Group- CareFirst BluePreferred Option 1
c. Habilitative services for children	Limited to members under the age of 21	Small Group- CareFirst BluePreferred Option 1
d. Cardiac rehabilitation	Limited to members under the age of 21	Small Group- CareFirst BluePreferred Option 1
e. Pulmonary rehabilitation	Limited to 1 pulmonary rehabilitation program per lifetime	Small Group- CareFirst BluePreferred Option 1

Benefit	Coverage Details	Source Plan
f. Skilled nursing facility services	Limited to 60 days per benefit period	Small Group- CareFirst BluePreferred Option 1
g. Medical devices and supplies	Covered	Small Group- CareFirst BluePreferred Option 1
<b>8. Laboratory Services</b>		
a. Laboratory tests	Covered	Small Group- CareFirst BluePreferred Option 1
b. X-rays and other diagnostic procedures	Covered	Small Group- CareFirst BluePreferred Option 1
<b>9. Preventative and Wellness Services</b>		
a. Adult routine physical exam	Covered	Small Group- CareFirst BluePreferred Option 1
b. Routine gynecological exam	Covered	Small Group- CareFirst BluePreferred Option 1
c. Prostate cancer screening	Covered	Small Group- CareFirst BluePreferred Option 1
d. Pap smear	Covered	Small Group- CareFirst BluePreferred Option 1
e. Mammography	Covered	Small Group- CareFirst BluePreferred Option 1
f. Colorectal cancer screening	Covered	Small Group- CareFirst BluePreferred Option 1
g. Immunizations	Covered	Small Group- CareFirst BluePreferred Option 1
h. Medical nutrition therapy	Covered	Small Group- CareFirst BluePreferred Option 1
i. Professional nutritional counseling	Covered	Small Group- CareFirst BluePreferred Option 1
j. Allergy testing, treatment, and shots	Covered	Small Group- CareFirst BluePreferred Option 1
k. Diabetes treatment	Covered	Small Group- CareFirst BluePreferred Option 1
<b>10. Pediatric Services, including Oral and Vision</b>		
a. Well-child care	Covered	Small Group- CareFirst BluePreferred Option 1
b. Preventative services for obesity	Covered	Small Group- CareFirst BluePreferred Option 1
c. Vision- eye exam (separate visit)	1 per year	FEDVIP- BlueVision High Plan
d. Vision- lenses	1 pair per year	FEDVIP- BlueVision High Plan
e. Vision- frames	1 per year (\$150 allowance)	FEDVIP- BlueVision High Plan
f. Vision- contact lenses	1 per year (\$150 allowance, \$600 for medical necessity)	FEDVIP- BlueVision High Plan

Benefit	Coverage Details	Source Plan
g. Dental class A- diagnostic and treatment services	1 oral evaluation per 6 months	FEDVIP-MetLife High Option
h. Dental class A- preventative services.	Sealants (1 per tooth every 36 months), prophylaxis (1 every 6 months), space maintainers (limited to children under 19).	FEDVIP-MetLife High Option
i. Dental class B-minor restorative service	Covered	FEDVIP-MetLife High Option
j. Dental class B- oral surgery	Covered	FEDVIP-MetLife High Option
k. Dental class C- major restorative services	Covered	FEDVIP-MetLife High Option
l. Dental class C- endodontic services	Covered	FEDVIP-MetLife High Option
m. Dental class C- periodontal services	Covered	FEDVIP- MetLife High Option
n. Dental class C- prosthodontics services	Covered	FEDVIP-MetLife High Option
o. Anesthesia services	Covered	FEDVIP-MetLife High Option
p. Intravenous sedation	Covered	FEDVIP-MetLife High Option

